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CONFIRMATION NO. 7422

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/732,706	<b>FILING OR 371(c) DATE</b> 12/10/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> UNMC 63156.1
<b>APPLICANTS</b> Tsuneya Ikezu, Omaha, NE;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/828,648 04/06/2001 PAT 6,689,877 which claims benefit of 60/246,331 11/06/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/26/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NE	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 6
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 000110				
<b>TITLE</b> Methods and compositions for the treatment of human immunodeficiency virus infection				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	